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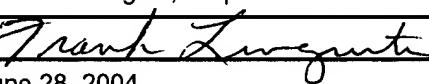
**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	09/729,888
		Filing Date	December 4, 2000
		First Named Inventor	James B. Copelan
		Art Unit	3764
		Examiner Name	Michael A. Brown
Total Number of Pages in This Submission	7	Attorney Docket Number	C1123/20008

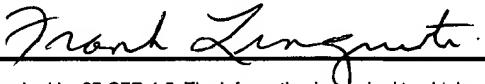
<b>ENCLOSURES (Check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Return Receipt Postcard	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	**No fee is required for this filing. However, the Office is hereby authorized to charge Attorney Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.; Customer No. 03000 Frank M. Linguiti, Esq.
Signature	
Date	June 28, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. [Transmitted to Facsimile No. (703) \* ]

Typed or printed name	Frank M. Linguiti, Esq.
Signature	
	Date June 28, 2004

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3764  
JFW



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
PATENT EXAMINING OPERATION

Applicant: James B. Copelan  
Serial No: 09/729,888 Group Art Unit: 3764  
Filed: December 4, 2000 Examiner: Michael A. Brown  
Att. Docket No.: C1123/20008 Confirmation No.: 7354  
For: A PRE-SURGICAL SAFETY, WARNING NOTIFICATION AND/OR  
SAFETY DEVICE

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated June 15, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.